

FILED FEB 7 1951

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **775**

| | | | | | | | |
|---|----------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 119 | | PRIMARY REG. DIST. NO. 5443 | | Registrar's No. 1 | |
| 1. PLACE OF DEATH a. COUNTY Gasconade | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Roark Twp | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Roark Twp | | | |
| c. LENGTH OF STAY (In this place) 2 1/2 yrs | | | | d. STREET ADDRESS (If rural, give location) 7 mi. South of Hermann | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7 mi. South of Hermann | | | | e. STREET ADDRESS 7 mi. South of Hermann | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) JAMES | | b. (Middle) LEROY | | c. (Last) DUFNER | |
| 4. DATE OF DEATH | | (Month) Jan | | (Day) 15 | | (Year) 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH June 7, 1948 | | 9. AGE (In years last birthday) 2 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Hermann, Mo | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13a. FATHER'S NAME Charles Dufner | | 13b. MOTHER'S MAIDEN NAME Erene Apprill | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Dufner, Hermann, Mo RFD | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death - Possible pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute respiratory infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 10 min. 3 days 5272 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION None | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 6-7 , 19 48 , to 1-15 , 19 51 , that I last saw the deceased alive on 1-13 , 19 51 , and that death occurred at 3:10 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Carvel T. Shaw | | 23b. ADDRESS Hermann, Mo. | | 23c. DATE SIGNED 1-16-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/17/51 | | 24c. NAME OF CEMETERY OR CREMATORY St. George Cemetery | | 24d. LOCATION (City, town, or county) (State) Hermann, Mo. | |
| DATE REC'D BY LOCAL REG. 1/16/51 | | REGISTRAR'S SIGNATURE D. M. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Reginald ... | | ADDRESS Hermann, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 5 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

August Blumel

Signed.....

Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.